

<i>SERFF Tracking Number:</i>	<i>CMPX-125289739</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Companion Property & Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026066</i>
<i>Company Tracking Number:</i>	<i>P#07170</i>		
<i>TOI:</i>	<i>05.1 Commercial Multi-Peril - Non-Liability Portion Only</i>	<i>Sub-TOI:</i>	<i>05.1003 Commercial Package</i>
<i>Product Name:</i>	<i>Commercial Package Policy</i>		
<i>Project Name/Number:</i>	<i>MU CF REVISED CPP 108/P#07170</i>		

Filing at a Glance

Company: Companion Property & Casualty Insurance Company

Product Name: Commercial Package Policy SERFF Tr Num: CMPX-125289739 State: Arkansas

TOI: 05.1 Commercial Multi-Peril - Non-Liability SERFF Status: Closed State Tr Num: AR-PC-07-026066
Portion Only

Sub-TOI: 05.1003 Commercial Package

Co Tr Num: P#07170

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: SPI CompanionPCGroup

Disposition Date: 09/14/2007

Date Submitted: 09/12/2007

Disposition Status: Approved

Effective Date Requested (New): 11/10/2007

Effective Date (New): 11/10/2007

Effective Date Requested (Renewal):

Effective Date (Renewal):

11/10/2007

General Information

Project Name: MU CF REVISED CPP 108

Project Number: P#07170

Reference Organization:

Reference Title:

Filing Status Changed: 09/14/2007

State Status Changed: 09/13/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Companion Property and Casualty Insurance Company wishes to file a revised edition of CPP 108, Companion's Additional Coverage Endorsement for Business Income (and Extra Expense) Coverage. We are amending the referenced Part from C. to B. to align this form with the current Business Income (and Extra Expense) Coverage form, CP 00 30. A copy of the revised CPP 108 is attached for your review.

SERFF Tracking Number: CMPX-125289739 State: Arkansas
 Filing Company: Companion Property & Casualty Insurance State Tracking Number: AR-PC-07-026066
 Company
 Company Tracking Number: P#07170
 TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1003 Commercial Package
 Portion Only
 Product Name: Commercial Package Policy
 Project Name/Number: MU CF REVISED CPP 108/P#07170

Company and Contact

Filing Contact Information

Susan Caton, Product Development Analyst
 P.O. Box 100165 (803) 264-4483 [Phone]
 Columbia, SC 29202 (803) 865-3155[FAX]

Filing Company Information

Companion Property & Casualty Insurance	CoCode: 12157	State of Domicile: South Carolina
Company		
P.O. Box 100165	Group Code: 661	Company Type:
Columbia, SC 29202	Group Name:	State ID Number:
(800) 845-2724 ext. [Phone]	FEIN Number: 57-0768836	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Property & Casualty Insurance	\$50.00	09/12/2007	15581790
Company			

SERFF Tracking Number:	CMPX-125289739	State:	Arkansas
Filing Company:	Companion Property & Casualty Insurance Company	State Tracking Number:	AR-PC-07-026066
Company Tracking Number:	P#07170		
TOI:	05.1 Commercial Multi-Peril - Non-Liability Portion Only	Sub-TOI:	05.1003 Commercial Package
Product Name:	Commercial Package Policy		
Project Name/Number:	MU CF REVISED CPP 108/P#07170		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/14/2007	09/14/2007

Amendments

Item	Schedule	Created By	Created On	Date Submitted
AR - NAIC P&C TRANSMITT AL DOCUMENT	Supporting Document	SPI CompanionPCGro up	09/12/2007	09/12/2007

<i>SERFF Tracking Number:</i>	<i>CMPX-125289739</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Companion Property & Casualty Insurance</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026066</i>
	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>P#07170</i>		
<i>TOI:</i>	<i>05.1 Commercial Multi-Peril - Non-Liability</i>	<i>Sub-TOI:</i>	<i>05.1003 Commercial Package</i>
	<i>Portion Only</i>		
<i>Product Name:</i>	<i>Commercial Package Policy</i>		
<i>Project Name/Number:</i>	<i>MU CF REVISED CPP 108/P#07170</i>		

Disposition

Disposition Date: 09/14/2007

Effective Date (New): 11/10/2007

Effective Date (Renewal): 11/10/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMPX-125289739 State: Arkansas

Filing Company: Companion Property & Casualty Insurance State Tracking Number: AR-PC-07-026066
Company

Company Tracking Number: P#07170

TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1003 Commercial Package
Portion Only

Product Name: Commercial Package Policy

Project Name/Number: MU CF REVISED CPP 108/P#07170

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - NAIC P&C TRANSMITTAL DOCUMENT	Approved	Yes
Form	BUSINESS INCOME (WITH EXTRA EXPENSE) TWELVE MONTH ACTUAL LOSS SUSTAINED COVERAGE	Approved	Yes

SERFF Tracking Number: CMPX-125289739 State: Arkansas
Filing Company: Companion Property & Casualty Insurance State Tracking Number: AR-PC-07-026066
Company
Company Tracking Number: P#07170
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1003 Commercial Package
Portion Only
Product Name: Commercial Package Policy
Project Name/Number: MU CF REVISED CPP 108/P#07170

Amendment Letter

Amendment Date:

Submitted Date: 09/12/2007

Comments:

I realized that I entered the incorrect fee amount on the P&C Transmittal Form after I submitted this filing. Attached you will find a corrected form showing the proper fee amount of \$50.00.

Thank you.

Susan Caton

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: AR - NAIC P&C TRANSMITTAL DOCUMENT

Comment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

SERFF Tracking Number: CMPX-125289739 State: Arkansas

Filing Company: Companion Property & Casualty Insurance State Tracking Number: AR-PC-07-026066

Company Tracking Number: P#07170

TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1003 Commercial Package

Product Name: Commercial Package Policy

Project Name/Number: MU CF REVISED CPP 108/P#07170

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	BUSINESS INCOME (WITH EXTRA EXPENSE) TWELVE MONTH ACTUAL LOSS SUSTAINED COVERAGE	CPP 108	09 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 CPP 108 Previous Filing #:		CPP 108.PDF

This endorsement changes the policy. Please read it carefully

**BUSINESS INCOME (WITH EXTRA EXPENSE)
TWELVE MONTH ACTUAL LOSS SUSTAINED COVERAGE**

This endorsement modifies insurance provided under the following:

BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM

Part B. LIMITS OF INSURANCE is replaced by the following:

The most we will pay for loss in any one occurrence is the amount of loss sustained during the 365 days immediately following the beginning of the "period of restoration".

<i>SERFF Tracking Number:</i>	<i>CMPX-125289739</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Companion Property & Casualty Insurance</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026066</i>
	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>P#07170</i>		
<i>TOI:</i>	<i>05.1 Commercial Multi-Peril - Non-Liability</i>	<i>Sub-TOI:</i>	<i>05.1003 Commercial Package</i>
	<i>Portion Only</i>		
<i>Product Name:</i>	<i>Commercial Package Policy</i>		
<i>Project Name/Number:</i>	<i>MU CF REVISED CPP 108/P#07170</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CMPX-125289739 State: Arkansas
Filing Company: Companion Property & Casualty Insurance State Tracking Number: AR-PC-07-026066
Company
Company Tracking Number: P#07170
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1003 Commercial Package
Portion Only
Product Name: Commercial Package Policy
Project Name/Number: MU CF REVISED CPP 108/P#07170

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/14/2007

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
Cover Letter.PDF
AR - NAIC FORM FILING SCHEDULE.PDF
AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF

Satisfied -Name: AR - NAIC P&C TRANSMITTAL
DOCUMENT **Review Status:** Approved 09/14/2007

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name					Group NAIC #
					661
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Companion Property & Casualty Insurance Company	SC	12157	57-0768836		

5. Company Tracking Number	P#07170
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Susan Caton P.O. Box 100165 Columbia SC 29202	Product Development Analyst	800-845-2724	803 865-3155	
7. Signature of authorized filer				
8. Please print name of authorized filer		Susan Caton		

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.1 Commercial Multi-Peril - Non-Liability Portion Only			
10. Sub-Type of Insurance (Sub-TOI)	05.1003 Commercial Package			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	CPP			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	11/10/2007	Renewal:	11/10/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	09/12/2007			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	P#07170
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Companion Property and Casualty Insurance Company wishes to file a revised edition of CPP 108, Companion's Additional Coverage Endorsement for Business Income (and Extra Expense) Coverage. We are amending the referenced Part from C. to B. to align this form with the current Business Income (and Extra Expense) Coverage form, CP 00 30. A copy of the revised CPP 108 is attached for your review.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<div data-bbox="185 1461 448 1516"> <p>Check #: EFT</p> <p>Amount: \$125.00</p> </div> <div data-bbox="159 1757 1304 1812"> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> </div>

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



Companion Property & Casualty Group

Companion Property & Casualty
Insurance Company

Companion Commercial
Insurance Company

September 12, 2007

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property & Casualty Division

RE: Companion Property & Casualty Insurance Company NAIC#: 661-12157 FEIN#: 57-0768836
Commercial Property - Form Filing - MU CF REVISED CPP 108
Company Filing#: P#07170
Proposed Effective Date: New and Renewal policies effective on and after November 10, 2007

Dear Commissioner Benafield Bowman:

Companion Property and Casualty Insurance Company wishes to file a revised edition of CPP 108, Companion's Additional Coverage Endorsement for Business Income (and Extra Expense) Coverage. We are amending the referenced Part from C. to B. to align this form with the current Business Income (and Extra Expense) Coverage form, CP 00 30. A copy of the revised CPP 108 is attached for your review.

Please do not hesitate to contact me if I may be of assistance.

Sincerely,

Susan R. Caton, CISR, AIS
Product Development Analyst

Phone: 803-264-4483

Fax: 803-865-3155

Email : susan.caton@companiongroup.com

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	P#07170
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	BUSINESS INCOME (WITH EXTRA EXPENSE) TWELVE MONTH ACTUAL LOSS SUSTAINED COVERAGE	CPP 108 09 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CPP 108 08 99	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Steven Bloss, Vice President – Marketing & Underwriting of
(Name) (Title of Authorized Officer)

Companion Property & Casualty Insurance Company
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) •

Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • P#07170

Signature of Authorized Officer •

A handwritten signature in black ink, appearing to read "Steven Bloss".

Name of Authorized Officer • Steven Bloss

Title of Authorized Officer • Vice President – Marketing & Underwriting

Email address of Authorized Officer • Steven.bloss@companiongroup.com

Telephone # of Authorized Officer • (800) 845-2724

Date • 09/12/2007

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name					Group NAIC #
					661
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Companion Property & Casualty Insurance Company	SC	12157	57-0768836		

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7. Signature of authorized filer				
8. Please print name of authorized filer		Susan Caton		

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.1 Commercial Multi-Peril - Non-Liability Portion Only			
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14. Effective Date(s) Requested	New:	11/10/2007	Renewal:	11/10/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	09/12/2007			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

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	<div data-bbox="180 1461 433 1520"> <p>Check #: EFT</p> <p>Amount: \$50.00</p> </div> <div data-bbox="151 1757 1304 1812"> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> </div>

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